

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

09

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		398231.39
(b) Cash on Hand at Beginning of Reporting Period	196751.18	
(c) Total Receipts (from Line 19)	109654.06	673975.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	306405.24	1072206.90
7. Total Disbursements (from Line 31)	33345.32	799146.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	273059.92	273059.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	103479.39	584701.13
(i) Itemized (use Schedule A)		
(ii) Unitemized	5910.13	84507.63
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	109389.52	669208.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	109389.52	669208.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	264.54	4766.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	109654.06	673975.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	109654.06	673975.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	4121.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	4121.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	785000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	345.32	10025.98
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33345.32	799146.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33345.32	799146.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	109389.52	669208.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109389.52	669208.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4121.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4121.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25877971

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jody Barber

Mailing Address 19445 County Rd 16

City

Bristol

State

IN

Zip Code

46507-8951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25877973

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Boll

Mailing Address Radiology Inc
PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25877974

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

626.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Brendle

Mailing Address 211 Highland Park Dr

City

Middlebury

State

IN

Zip Code

46540-9071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25877976

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Brett Carmichael

Mailing Address 3705 deerpath rd

City

Middleton

State

WI

Zip Code

53562-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25877977

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Albert Cho

Mailing Address 51230 Pine Croft Court

City

South Bend

State

IN

Zip Code

46637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola Univ Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.25

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878201

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

DR Joel Cohen

Mailing Address The Goshen Health System
200 High Park Ave

City State Zip Code
Goshen IN 46526-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878203

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. David D'Andrea

Mailing Address 51326 Amesbury Way

City State Zip Code
Granger IN 46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878204

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Gerard Duprat, JR

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878205

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Dynes

Mailing Address Elkhart General Hosp
600 East Blvd

City State Zip Code
Elkhart IN 46514-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878206

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Laurence Eckel

Mailing Address 15822 Cedar Ridge Ct

City State Zip Code
Granger IN 46530-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878349

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code
Granger IN 46530-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878350

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Field

Mailing Address PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878351

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fischbach

Mailing Address 50600 Fox Trl

City

Granger

State

IN

Zip Code

46530-8598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878353

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Grantham

Mailing Address 50591 Glenshire Ct

City

Granger

State

IN

Zip Code

46530-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878354

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Hall

Mailing Address 1260 Garland Rd

City

South Bend

State

IN

Zip Code

46614-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.25

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878542

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City

Granger

State

IN

Zip Code

46530-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878543

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. John Hill

Mailing Address 1531 Cedar Springs Ct

City

Mishawaka

State

IN

Zip Code

46545-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878544

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael R. Holt

Mailing Address 16980 Stonegate Court

City

Granger

State

IN

Zip Code

46530-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878545

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Allison Lamont

Mailing Address Radiology Inc
PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878546

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Christine Marsch

Mailing Address 318 E Pokagon St

City

South Bend

State

IN

Zip Code

46617-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.25

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878624

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Russell Midkiff

Mailing Address 51930 Quail Valley Dr

City

Granger

State

IN

Zip Code

46530-8875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878625

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Pedro Miro

Mailing Address 50957 Park Ridge Ct

City

Granger

State

IN

Zip Code

46530-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878626

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Eldon W. Olson

Mailing Address 2006 Long Knife Court

City

Louisville

State

KY

Zip Code

40207-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878628

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Ormson

Mailing Address 51194 Midlothian Ct

City

Granger

State

IN

Zip Code

46530-9253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: 25878629

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. Samir Patel

Mailing Address 14208 Avery Point

City

Granger

State

IN

Zip Code

46530-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: 25878752

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Karl Schultz

Mailing Address 620 W Edison Ste 100

City

Mishawaka

State

IN

Zip Code

46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: 25878754

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Seiffert

Mailing Address 620 W Edison Rd Ste 110

City

Mishawaka

State

IN

Zip Code

46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	8

Transaction ID: 25878755

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City

South Bend

State

IN

Zip Code

46617-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	8

Transaction ID: 25878756

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	8

Transaction ID: 25878757

Amount of Each Receipt this Period

293.25

SUBTOTAL of Receipts This Page (optional)

879.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City

Granger

State

IN

Zip Code

46530-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878859

Amount of Each Receipt this Period

293.25

B.

Full Name (Last, First, Middle Initial)

Dr. LeRoy Weaver, JR

Mailing Address 21339 Morse Pl

City

Bristol

State

IN

Zip Code

46507-9032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878860

Amount of Each Receipt this Period

293.25

C.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878862

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

624.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878863

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

Long Island City

State

NY

Zip Code

11101-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878864

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878935

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

State

Zip Code

Closter

NJ

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878936

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

State

Zip Code

New York

NY

10023-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878937

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City

State

Zip Code

Hackensack

NJ

07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878939

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25878940

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879014

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879015

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879016

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879017

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879019

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879090

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879091

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879092

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

96.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879093

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879094

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879285

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address Hackensack University Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879287

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879288

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Edward Angtuaco

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock,

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879290

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1038.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 24 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Baden

Mailing Address 9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879388

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael V. Beheshti

Mailing Address 4 Grayan Ct

City

Little Rock

State

AR

Zip Code

72223-9105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879389

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amanda Ferrell

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWU Breast Imaging Flwshp
Prog

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879390

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin Forte

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879392

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clinton Fuller, III

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879393

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Harter

Mailing Address 55 Maisons Dr

City State Zip Code
Little Rock AR 72223-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879578

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 26 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Hays

Mailing Address 18 Farnham Loop

City

Little Rock

State

AR

Zip Code

72223-9199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879579

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael King

Mailing Address Rad Consultants of Little Rock
9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Consultants of Little
Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879580

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Kolb

Mailing Address 25 Talais Dr

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Arkansas for Med Sci

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879581

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Martin

Mailing Address 110 Buckland PI

City

Little Rock

State

AR

Zip Code

72223-4567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879582

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Josue Montanez

Mailing Address Radiology Consultants of Little Ro
961 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879713

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City

Little Rock

State

AR

Zip Code

72212-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879714

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Nokes

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879716

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harish Patel

Mailing Address 2 Margeaux Ct

City State Zip Code
Little Rock AR 72223-9193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879717

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. W Dale Perrymore

Mailing Address 6 Courts Dr

City State Zip Code
Little Rock AR 72223-9021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879718

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Pierce

Mailing Address 3 Windsor Ct

City

Little Rock

State

AR

Zip Code

72212-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879860

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Robbins

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879861

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Martin Robinson

Mailing Address 1515 Wetherborne Dr

City

Little Rock

State

AR

Zip Code

72211-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City

Little Rock

State

AR

Zip Code

72212-3697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879864

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Todd Smith

Mailing Address 18 Masters Cir

City

Little Rock

State

AR

Zip Code

72212-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879865

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Stuckey

Mailing Address 216 Buckland Cir

City

Little Rock

State

AR

Zip Code

72223-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Arkansas for Med Sci-
ences

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879927

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Alan Williams

Mailing Address 55 Robinwood Dr

City

Little Rock

State

AR

Zip Code

72227-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25879928

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Diana F. Shaplin

Mailing Address 910 Kimmswick Manor Lane

City

Ballwin

State

MO

Zip Code

63011-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25880454

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Alfred Shaplin

Mailing Address 910 Kimmswick Manor Lane

City

Ballwin

State

MO

Zip Code

63011-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25880455

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City

Atlanta

State

GA

Zip Code

30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25880457

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gerard Helinek

Mailing Address 25 Hummingbird Rd

City

Wyomissing

State

PA

Zip Code

19610-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 25880459

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969129

Amount of Each Receipt this Period

76.92

SUBTOTAL of Receipts This Page (optional)

2116.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

Long Island City

State

NY

Zip Code

11101-5546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969130

Amount of Each Receipt this Period

76.92

B.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969131

Amount of Each Receipt this Period

76.92

C.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969132

Amount of Each Receipt this Period

76.92

SUBTOTAL of Receipts This Page (optional)

230.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969133

Amount of Each Receipt this Period

76.92

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969134

Amount of Each Receipt this Period

76.92

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969135

Amount of Each Receipt this Period

76.92

SUBTOTAL of Receipts This Page (optional)

230.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969136

Amount of Each Receipt this Period

76.92

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969137

Amount of Each Receipt this Period

76.92

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969138

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

192.30

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969140

Amount of Each Receipt this Period

76.92

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969141

Amount of Each Receipt this Period

76.92

C.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969143

Amount of Each Receipt this Period

76.92

SUBTOTAL of Receipts This Page (optional)

230.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

New York

State

NY

Zip Code

10023-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969144

Amount of Each Receipt this Period

76.92

B.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969145

Amount of Each Receipt this Period

76.92

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 101 W End Ave Apt 16H

City

New York

State

NY

Zip Code

10023-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969146

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

173.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 38 / 119

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address Hackensack University Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969147

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969149

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969150

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969152

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969153

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969154

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

238.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969155

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969156

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969158

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City

Panama City

State

FL

Zip Code

32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969159

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969160

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Keith Crow

Mailing Address 20002 Messina

City

San Antonio

State

TX

Zip Code

78258-3180

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 42 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Harvey Goldstein

Mailing Address 31 Westelm Cir

City

San Antonio

State

TX

Zip Code

78230-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969162

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Granato

Mailing Address 1708 Winding Vw

City

San Antonio

State

TX

Zip Code

78260-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969163

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ashwin Shetty

Mailing Address 3 Weatherford

City

San Antonio

State

TX

Zip Code

78248-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969165

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 43 / 119

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ezequiel Silva, III

Mailing Address 120 W Linwood

City

San Antonio

State

TX

Zip Code

78212-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969166

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Vasquez

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25969167

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey T. Hall

Mailing Address St Alphonsus Regional Med Center
1055 N Curtis Rd

City

Boise

State

ID

Zip Code

83706-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970045

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Giles Boland

Mailing Address MGH White 270C
32 Fruit St

City State Zip Code
Boston MA 02114-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts General Hos-
pital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970046

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sean Paulsen

Mailing Address 548 Areva Rd Apt 68-8

City State Zip Code
Roosevelt UT 84066-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970047

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Knudtson

Mailing Address Wichita Radiological Group
PO Box 8903

City State Zip Code
Wichita KS 67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970048

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Reuben Mezrich

Mailing Address Univ of Maryland Medical Center
22 S Greene St

City State Zip Code
Baltimore MD 21201-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Maryland

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970049

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Youker

Mailing Address Med College of WI Froedtert Hosp
9200 W Wisconsin Ave

City State Zip Code
Milwaukee WI 53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Med College of Wisconsin

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: 25970050

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Kelly

Mailing Address 197 34th Ave E

City State Zip Code
Seattle WA 98112-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977833

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Ling

Mailing Address Wake Radiology
PO Box 19368

City Raleigh State NC Zip Code 27619-9368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977834

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Rubin

Mailing Address 339 W Streetsboro St

City Hudson State OH Zip Code 44236-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Children's Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977835

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Oppenheimer

Mailing Address 663 Kalmia Ave

City Boulder State CO Zip Code 80304-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977836

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Rosenthal

Mailing Address 162 Lincoln Ave

City

Barrington

State

RI

Zip Code

02806-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977838

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Buccambuso

Mailing Address 2559 Sunridge Cir.

City

Twin Falls

State

ID

Zip Code

83301-8105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Idaho Radiology,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977842

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Koepke

Mailing Address 8384 Creedmore South Dr

City

Warrenton

State

VA

Zip Code

20187-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Radiology Associ-
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Weber

Mailing Address 59 Lombardy Rd

City

Memphis

State

TN

Zip Code

38111-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Healthcare

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977845

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Statler

Mailing Address 4 Tally Ho Rd

City

Fredericksburg

State

VA

Zip Code

22405-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walter Reed Army Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977846

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Poage

Mailing Address 1337 S 101st St Apt 107

City

Omaha

State

NE

Zip Code

68124-1095

FEC ID number of contributing
federal political committee.

C

Name of Employer
CU Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977849

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Timmons

Mailing Address 21 Lynwood Dr

City

Battle Creek

State

MI

Zip Code

49015-7911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977851

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Man Kim

Mailing Address 1801 Templeton Lane

City

Virginia Beach

State

VA

Zip Code

23454-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977852

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rita Sohlich

Mailing Address 3 Clarence Pl

City

San Francisco

State

CA

Zip Code

94107-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977856

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James M. Moorefield

Mailing Address 1980 Maple Glen Rd

City

Sacramento

State

CA

Zip Code

95864-1677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacramento Radiology Medi-
cal Group, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977857

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Laura Hemann

Mailing Address 6815 Spring Grove Ct NE

City

Cedar Rapids

State

IA

Zip Code

52411-7652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuque Radiological Assoc
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977858

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Jones

Mailing Address 525 E. Crescent Moon Dr

City

Oro Valley

State

AZ

Zip Code

85755-4770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Rad Medical Grp
Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977932

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Raymond Thomas

Mailing Address Florence Radiological
PO Box 100523

City	State	Zip Code
Florence	SC	29501-0523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florence Rad Assoc PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977934

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Tashjian

Mailing Address 807 Summit Ave

City	State	Zip Code
Saint Paul	MN	55105-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977935

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Sloves

Mailing Address Vista Diagnostic Center
25 McCabe Dr

City	State	Zip Code
Reno	NV	89511-5991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25977949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903

City State Zip Code
Wichita KS 67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiological Group
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977950

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Fife

Mailing Address 256 NW Pacific Grove Dr

City State Zip Code
Beaverton OR 97006-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC/USC Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977951

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Lawrence

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City State Zip Code
Greensboro NC 27401-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25977952

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

FEC ID number of contributing federal political committee.

C

Name of Employer
Cleveland Clinic Founda-
on

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978260

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City Greer State SC Zip Code 29651-5065

FEC ID number of contributing federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978261

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3649

FEC ID number of contributing federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978262

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978263

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978264

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 144 Penhurst Dr

City

Pittsburgh

State

PA

Zip Code

15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978362

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

125.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978363

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jandl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978364

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City

Dallas

State

TX

Zip Code

75205-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978366

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Linda Gray

Mailing Address 3325 Granville Dr

City

Raleigh

State

NC

Zip Code

27609-6923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978367

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978440

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address Radiology Associates of Berrien
416 State St Ste A

City

Saint Joseph

State

MI

Zip Code

49085-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978442

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City

Newburgh

State

IN

Zip Code

47630-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978443

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City

Charlotte

State

NC

Zip Code

28211-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978445

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978514

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

143.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978515

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978516

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City State Zip Code
Birmingham AL 35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978517

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

175.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City Warren State MI Zip Code 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978593

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City Greenville State SC Zip Code 29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978594

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City Charlotte State NC Zip Code 28277-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: 25978596

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

121.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978769

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978770

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Swartz

Mailing Address 1210 Page Ter

City

Villanova

State

PA

Zip Code

19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: 25978771

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Brick

Mailing Address 8314 Snug Hill Ln

City

Potomac

State

MD

Zip Code

20854-4057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie,
& Merritt, PC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012575

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Sevigny

Mailing Address 1325 Oak Forest Dr

City

Ormond Beach

State

FL

Zip Code

32174-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012577

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Koch

Mailing Address 110 N Fork Rd

City

Keystone

State

CO

Zip Code

80435-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012579

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Cullen Ruff

Mailing Address 3132 17th St N

City

Arlington

State

VA

Zip Code

22201-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfax Radiological Cons-
ultants, P.C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012711

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia Randall

Mailing Address 4968 Ravine Rd

City

Fayetteville

State

NY

Zip Code

13066-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Semi-Retired

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012713

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Lawdahl

Mailing Address 102 Whitbread Court

City

Greenville

State

SC

Zip Code

29615-5813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012716

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012907

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Garriss

Mailing Address 129 Spinnaker Mall

City State Zip Code
Marina Del Rey CA 90292-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lambert Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012908

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Malay Mody

Mailing Address Summa Health System
525 E Market St

City State Zip Code
Akron OH 44304-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012910

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Urbanski

Mailing Address 1253 Mapleton Ave

City

Suffield

State

CT

Zip Code

06078-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson X-Ray Group, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012944

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Weinreb

Mailing Address 34 Randi Dr

City

Madison

State

CT

Zip Code

06443-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University School of
Medicine

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012945

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Matthew Foley

Mailing Address 13-09 Hillside Rd

City

Woodstock

State

VT

Zip Code

05091-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nashoba Radiology Group,
LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 26012946

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015414

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015415

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 6502 Kingbird Ct

City State Zip Code
Rocklin CA 95765-5813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015416

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

945.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015417

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015418

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicole Carbo

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015419

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City

El Macero

State

CA

Zip Code

95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015420

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City

Davis

State

CA

Zip Code

95618-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015421

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015422

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Roland DeMarco

Mailing Address 5174 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015423

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015427

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Gorrie

Mailing Address 1801 L St Apt 419

City

Sacramento

State

CA

Zip Code

95811-4179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creighton Univ School of
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015428

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015429

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City State Zip Code
Carmichael CA 95608-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015430

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City State Zip Code
Sacramento CA 95818-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015441

Amount of Each Receipt this Period

378.00

SUBTOTAL of Receipts This Page (optional)

1278.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015442

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City

El Macero

State

CA

Zip Code

95618-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015443

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015444

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015445

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015448

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015449

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015450

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Sacramento
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015451

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City

Carmichael

State

CA

Zip Code

95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015452

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015453

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015454

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015455

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015456

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015466

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bahram Varjavand

Mailing Address 1355 35th St

City State Zip Code
Sacramento CA 95816-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015467

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015468

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015470

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015471

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Frederic Conte

Mailing Address 918 Colby Dr

City

Davis

State

CA

Zip Code

95616-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015472

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015473

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Haseman

Mailing Address 227 Selby Ranch Rd Apt 3

City

Sacramento

State

CA

Zip Code

95864-5844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015474

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015475

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015477

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015478

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10City State Zip Code
Sacramento CA 95816-5616FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015479

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015481

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address Radiation Oncology Centers
2 Medical Plaza Dr Ste 180City State Zip Code
Roseville CA 95661-3049FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiation Oncology CentersOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: 26015482

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015483

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Pu

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc of Sac-
ramen

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015484

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015485

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kaye Drennan

Mailing Address 240 Hammond Drive

City

Auburn

State

CA

Zip Code

95603-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: 26015486

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26017834

Amount of Each Receipt this Period

40.00

wire

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Freeman

Mailing Address 640 Hill Road

City

Brentwood

State

TN

Zip Code

37027-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Alliance, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26018174

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Edgar Ferguson

Mailing Address 200 S Rhodes St

City

West Memphis

State

AR

Zip Code

72301-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Outpatient Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26018176

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sandip Patel

Mailing Address 141 Beaumont Ct

City

Wilmington

State

NC

Zip Code

28412-8267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaney Radiologists, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26018178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Brody

Mailing Address Rhode Island Hospital
593 Eddy St

City

Providence

State

RI

Zip Code

02903-4970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26018179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Russell Harvey

Mailing Address 2736 SW MacVicar Ave

City

Topeka

State

KS

Zip Code

66611-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RNM

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 26018180

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Herbert Hamilton

Mailing Address 6402 E 107th St

City

Tulsa

State

OK

Zip Code

74137-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Arkansas Rad.
Assoc., P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 26018183

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Matthew C. Difazio

Mailing Address 30 Titus Rd

City

Skillman

State

NJ

Zip Code

08558-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 26018184

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Louis Pacilio

Mailing Address 503 Audubon Rd

City

Leeds

State

MA

Zip Code

01053-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northampton Radiologic As-
soc., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: 26018185

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Fitter

Mailing Address 2620 S Saint Louis Ave

City

Tulsa

State

OK

Zip Code

74114-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of South Florida Coll
of Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039326

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Walker

Mailing Address Radiologic Associates PC
985 Farmington Ave

City

Bristol

State

CT

Zip Code

06010-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Associates PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Miller

Mailing Address 11175 Brooks Rd

City

Beaumont

State

TX

Zip Code

77713-4169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039329

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bradley Baker

Mailing Address 16 Country Life Acres

City

Saint Louis

State

MO

Zip Code

63131-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
South County Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039330

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Shields

Mailing Address 9528 Lakestone Ct

City

Clarence

State

NY

Zip Code

14031-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of North Carolina

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039331

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark McCaslin

Mailing Address 6919 Providence Estates Dr S

City State Zip Code
 Mobile AL 36695-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologists, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039333

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Kurman

Mailing Address 451 Lake of the Woods Blvd

City State Zip Code
 Akron OH 44333-2791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging Servi-
ces, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ann Leung

Mailing Address Stanford Univ Med Ctr
 300 Pasteur Dr Rm S-072A

City State Zip Code
 Palo Alto CA 94304-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Univ Med Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Johnson Underwood, IV

Mailing Address 616 White Oak Lane

City

Kansas City

State

MO

Zip Code

64116-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Kansas City Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039389

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Bogle, III

Mailing Address 6219 Avenida Cresta

City

La Jolla

State

CA

Zip Code

92037-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039390

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Pappas

Mailing Address 1926 W Burnside St
Unit 1219

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willamette Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: 26039391

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. W Jordan Taylor

Mailing Address 1231 E 21st PI

City

Tulsa

State

OK

Zip Code

74114-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Transaction ID: 26039403

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karl Krecke

Mailing Address Mayo Clinic
200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Transaction ID: 26039404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Glenn Strome

Mailing Address 359 Diamond St

City

San Francisco

State

CA

Zip Code

94114-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
RADNET

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Transaction ID: 26039410

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City

Florence

State

SC

Zip Code

29506-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florence Radiological Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26050600

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hugo Falcon, JR

Mailing Address 412 Herrington Dr NE

City

Atlanta

State

GA

Zip Code

30342-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Specia-
lists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26050603

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rizvan Mirza

Mailing Address 210 Wall St Apt 2507

City

Seattle

State

WA

Zip Code

98121-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26050604

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Timothy Bernauer

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26050605

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher McManus

Mailing Address 304 Spaulding Farm Rd

City

Greenville

State

SC

Zip Code

29615-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ School
of Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26050650

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Miller

Mailing Address 23 Moffat Rd

City

Waban

State

MA

Zip Code

02468-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hosp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26052094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City

Sewalls Point

State

FL

Zip Code

34996-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26052097

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Dillehay

Mailing Address Northwestern Mem Hosp
251 E Huron St

City

Chicago

State

IL

Zip Code

60611-3197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Medical Facu-
lty Foundatio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26052098

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Clarence Davis, III

Mailing Address 609 Spring Lake Rd

City

Columbia

State

SC

Zip Code

29206-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26052369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Yuhasz

Mailing Address Tacoma Radiological Associates
PO Box 1535

City State Zip Code
Tacoma WA 98401-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26052370

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City State Zip Code
Greensboro NC 27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055143

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City State Zip Code
Pittsburgh PA 15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055144

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

476.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055145

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055148

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055149

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055326

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stuart Moses

Mailing Address 14 Timber Dr

City State Zip Code
North Caldwell NJ 07006-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055327

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Veazey

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City State Zip Code
Greensboro NC 27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology Assoc
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055330

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055550

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055552

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford Pl

City

Charlotte

State

NC

Zip Code

28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055553

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: 26055554

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: 26055794

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City

Augusta

State

GA

Zip Code

30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: 26055796

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055797

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code
Newport Beach CA 92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26055798

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056121

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

183.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Gerald Dodd, III

Mailing Address Univ of Colorado Hlth Sci Ctr
12401 E 17th Ave, Leprine Bldg RmCity State Zip Code
Aurora CO 80045-7155FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of Texas Hlth Sci CtrOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056123

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326FEC ID number of contributing
federal political committee.**C**Name of Employer
Sierra Imaging AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056125

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code
Raleigh NC 27615-5492FEC ID number of contributing
federal political committee.**C**Name of Employer
Wake RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056126

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

173.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 119

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael McLaughlin

Mailing Address Eastern Radiologists Inc
9 Doctor's Park

City	State	Zip Code
Greenville	NC	27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056301

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City	State	Zip Code
Greenville	NC	27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056303

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Olson

Mailing Address 3 Captains Pt

City	State	Zip Code
Greensboro	NC	27455-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: 26056305

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Aloyzas Pakalniskis

Mailing Address 1619 Kaimi Court

City

Naperville

State

IL

Zip Code

60563-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056463

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Jr., M.D. Charles Schranck

Mailing Address 75 Fairmount Dr., North

City

Alton

State

IL

Zip Code

62002-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056464

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City

Greenville

State

NC

Zip Code

27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056466

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

114.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056467

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Gary Geil

Mailing Address Heritage Medical Bldg
1100 N Tustin Ave

City

Santa Ana

State

CA

Zip Code

92705-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Ana Tustin Radiology
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: 26056889

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Thaler

Mailing Address 110 S Front St Ste 800

City

Philadelphia

State

PA

Zip Code

19106-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147359

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

253.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Husted

Mailing Address Crozier-Chester Med Ctr
1 Medical Center Blvd

City State Zip Code
Chester PA 19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147360

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Damon Soeiro

Mailing Address 102 S Swarthmore Ave

City State Zip Code
Swarthmore PA 19081-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147361

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lorna Blum

Mailing Address 303 Cynwyd Rd

City State Zip Code
Bala Cynwyd PA 19004-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147362

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Howard P. Rothenberg

Mailing Address Unit 5C 227 South 6th Street

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147363

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Stock

Mailing Address 115 Plush Mill Road

City

Wallingford

State

PA

Zip Code

19086-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147365

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City

Wallingford

State

PA

Zip Code

19086-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147366

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147367

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Hiehle, JR

Mailing Address Crozer-Chester Medical Center
1 Medical Center Blvd

City

Chester

State

PA

Zip Code

19013-3995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147368

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chad Brecher

Mailing Address 235 S Wayne Ave

City

Wayne

State

PA

Zip Code

19087-4820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Deaconess Med
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147369

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 / 119

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jay Kleinman

Mailing Address 2130 Greenbrier Dr

City

Villanova

State

PA

Zip Code

19085-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147371

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Gordon

Mailing Address 521 Winding Way

City

Merion Station

State

PA

Zip Code

19066-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147372

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City

Media

State

PA

Zip Code

19063-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer-Chester Medical Ce-
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147373

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Amr El Jack

Mailing Address 2751 Pennsylvania Ave Unit B 205

City

Philadelphia

State

PA

Zip Code

19130-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147374

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City

Media

State

PA

Zip Code

19063-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147375

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City

Newtown Square

State

PA

Zip Code

19073-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
TJ Univ Hospital 1092 Main
Bld

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147376

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Krish Ramprasad

Mailing Address 18 Patricia Lane

City

Glen Mills

State

PA

Zip Code

19342-1031

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147377

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City

Newtown Square

State

PA

Zip Code

19073-3020

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147378

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City

Wilmington

State

DE

Zip Code

19808-1370

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: 26147379

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Irene Woo

Mailing Address 6 Greystone Cir

City

Newtown Square

State

PA

Zip Code

19073-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147380

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lance Becker

Mailing Address 1405 Wesleys Run

City

Gladwyne

State

PA

Zip Code

19035-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147382

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City

Chadds Ford

State

PA

Zip Code

19317-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Catholic Medical Ce-
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147383

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Robert Fisher

Mailing Address 2035 Grantham Rd

City

Berwyn

State

PA

Zip Code

19312-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147384

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City

Newtown Square

State

PA

Zip Code

19073-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147385

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City

Media

State

PA

Zip Code

19063-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crozer Chester Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147386

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Patricia Saluk

Mailing Address 916 Winding Way

City

State

Zip Code

Media

PA

19063-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147389

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. C Wilson

Mailing Address 146 W Tulpehocken St

City

State

Zip Code

Philadelphia

PA

19144-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147390

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Justin Blum

Mailing Address 215 Holland Ave

City

State

Zip Code

Ardmore

PA

19003-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26147391

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Services,
Coralville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147392

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City

Denver

State

CO

Zip Code

80237-2979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Association

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147440

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Road

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147441

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

320.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 111 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City

Cheyenne

State

WY

Zip Code

82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147443

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147444

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147786

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 119

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147787

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: 26147788

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

103479.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 119

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4766.75

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: 26331654

Amount of Each Receipt this Period

264.54

Interest

SUBTOTAL of Receipts This Page (optional)

264.54

TOTAL This Period (last page this line number only)

264.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.	Full Name (Last, First, Middle Initial) Musgrave For Congress			Transaction ID: 25419782 Date of Disbursement																					
	Mailing Address 118 West Charlotte Street			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	8		1	9		2	0	0	8															
	City Johnstown State CO Zip Code 80534			Amount of Each Disbursement this Period																					
Purpose of Disbursement			<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																				
1000.00																									
Candidate Name Rep. Marilyn N. Musgrave			011 Category/ Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) Musgrave For Congress			Transaction ID: 25464852 Date of Disbursement																					
	Mailing Address 118 West Charlotte Street			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	8		2	2		2	0	0	8															
	City Johnstown State CO Zip Code 80534			Amount of Each Disbursement this Period																					
Purpose of Disbursement			<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>		1500.00																				
1500.00																									
Candidate Name Rep. Marilyn N. Musgrave			011 Category/ Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress			Transaction ID: 25666195 Date of Disbursement																					
	Mailing Address P.O. Box 490286			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	8		1	9		2	0	0	8															
	City Chicago State IL Zip Code 60649			Amount of Each Disbursement this Period																					
Purpose of Disbursement			<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																				
2500.00																									
Candidate Name Rep. Jesse Jackson, Jr.			011 Category/ Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02			Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Udall For Us All	Transaction ID: 25676153 Date of Disbursement																				
Mailing Address 3311 Candelaria Ne Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Albuquerque State NM Zip Code 87107	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Tom Udall	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kirk For Congress	Transaction ID: 25676558 Date of Disbursement																				
Mailing Address P.O. Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Mark Steven Kirk	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Onder For Congress	Transaction ID: 25676918 Date of Disbursement																				
Mailing Address PO Box 1771	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	8												
City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mr. Robert Onder	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Nathan Deal For Congress

Mailing Address PO Box 902

City
GainesvilleState
GAZip Code
30503

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Nathan DealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 25684848

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Rahm EmanuelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: 25970289

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400City
AustinState
TXZip Code
78701

Purpose of Disbursement

011

Category/
TypeCandidate Name
Alamo PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25970304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

Candidate Name
Rep. Chris MurphyOffice Sought: ☒ House
☐ Senate
☐ President

State: CT District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25970306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

Candidate Name
Rep. Michael K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ President

State: ID District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25970308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Kuhl For CongressMailing Address 10 Ganesvoort Street
Suite 101

City Bath State NY Zip Code 14810

Purpose of Disbursement

Candidate Name
Rep. John Randall KuhlOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 29

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25972843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.Full Name (Last, First, Middle Initial)
Friends Of Ginny Brown-Waite

Mailing Address P.O. Box 865

City State Zip Code
Brooksville FL 34605

Purpose of Disbursement

Candidate Name
Rep. Virginia Brown-WaiteOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 25972982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.Full Name (Last, First, Middle Initial)
Tom Feeney For Congress

Mailing Address P. O. Box 622345

City State Zip Code
Oviedo FL 32762

Purpose of Disbursement

Candidate Name
Rep. Tom FeeneyOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 24

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 25972992

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.Full Name (Last, First, Middle Initial)
Right Track PAC

Mailing Address PO BOX 17325

City State Zip Code
Jonesboro AR 72403

Purpose of Disbursement

Candidate Name
Right Track PACOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**Transaction ID:** 26017826

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

33000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 / 119

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26325967

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2008

Amount of Each Disbursement this Period

345.32

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

345.32

TOTAL This Period (last page this line number only)

345.32